

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/533300

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 13 | 1 | | | | | |
| 14 | 1 | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
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| 19 | | 1 | | | | |
| 20 | | 1 | | | | |
| 21 | 2 | 2 | | | | |
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| TOTAL IND. | 2 | | 2 | | 2 | |
| TOTAL DEP. | 19 | | 19 | | 19 | |
| TOTAL CLAIMS | 21 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | 2 | | 2 | |
| TOTAL DEP. | | | 19 | | 19 | |
| TOTAL CLAIMS | | | 21 | | | |